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## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL			٦	
Ellison for Congress				
ADDRESS (number and street) PO Box 6072				
CITY, STATE, and ZIP CODE			-	
Minneapolis	MN 554	06		
2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)		4. FEC IDENTIFICATION NUMBER	
Keith Ellison	House	MN 05	C00422410	
5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE	NOTICE FILED ON	///////	
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
National Association of Insurance and Financial Advisors PAC			day, year)	1000.00
2901 Telestar Ct			10/20/2011	.000.00
Ste 140	Transaction ID : VN8A3D77NA1			
Falls Church VA 22042-1261	Occupation			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
National Association of Insurance and Financial Advisors PAC	Name of Employer		day, year)	4000.00
2901 Telestar Ct			10/29/2014	1000.00
Ste 140	Transaction ID : VN8A3D77NC6			
Falls Church VA 22042-1261	Occupation			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
National Association of Insurance and Financial Advisors PAC			10/29/2014	500.00
2901 Telestar Ct				
Ste 140	Transaction ID : VN8A3D77NE2 Occupation			
Falls Church VA 22042-1261	Occupation			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
Vijay G Pothpragada	Self-Employed		day, year)	
			10/29/2014	1000.00
2250 Midland Grove Rd	Transaction ID: VN8A3D7H8Z8			
Apt 105	Occupation		_	
Roseville MN 55113-3847	Writer			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
	Occupation		_	
	Occupation			
SIGNATURE (optional)	-	DATE	For further info	ormation contact:
Carla Kjellberg	[Electronically Filed]	10/30/2014	Federal Elect 999 E Street, NW, V	ion Commission Vashington, DC 20463 30, Local 202-694-1100

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